

Ex. 28

Terri Humphrey

From: Freepartner, Maryann [Maryann.Freepartner@providence.org]
Sent: Thursday, December 26, 2013 10:15 AM
To: 'jgranet'
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Thank you for this calculation. This is what I needed.

Maryann Freepartner CHFP
Finance Manager
Providence Seward Medical and Care Center
907-224-2980

From: jgranet [mailto:jgranet@rhc.universalservice.org]
Sent: Thursday, December 26, 2013 9:52 AM
To: Freepartner, Maryann
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

The math would be \$8,369.00 / 475 to come up with the charge per mile of \$17.62
The monthly mileage charges and billed miles were pulled from the contract you submitted.

475 - 85 = 390 miles above the MAD.
You are only funded up to the maximum allowable distance of the service.

So...

$390 * 17.62 = \$6,871.80$

$\$10,470.08 - \$250.56 = \$10,219.52$

$\$10,219.52 - \$6,871.80 = \$3,347.72$

This monthly reoccurring charge represents the cost of any circuit terminations and 85 miles of service.

Jason Granet
Rural Health Care: PIA
Fax: (973) 599-6518
Phone: (973) 581-5239
E-mail: jgranet@rhc.universalservice.org

From: Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]
Sent: Thursday, December 26, 2013 1:09 PM
To: 'jgranet'
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Jason,

I am still not following your calculations. We will be filing an appeal on this funding commitment, so I would like to get the calculations correct. On a monthly basis,

$\$10,470.08 - \$250.56 = \$10,219.52$
 $\$10,219.52 / 475 \text{ miles} * 85 \text{ miles} = \$1,828.75$

Funding calculated by USAC: \$3,347.72

So you see why I am asking for the calculation.

Maryann Freepartner CHFP
Finance Manager
Providence Seward Medical and Care Center
907-224-2980

From: jgranet [mailto:jgranet@rhc.universalservice.org]
Sent: Tuesday, December 24, 2013 5:43 AM
To: Freepartner, Maryann
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

I apologize in my haste i forgot to include mileage over the maximum allow distance. This service is 475 miles and the MAD for your location is 85 miles. The cost of the miles over the MAD must be removed from your rural rate which explains your funding per month.

Jason Granet
Rural Health Care: PIA
Fax: (973) 599-6518
Phone: (973) 581-5239
E-mail: jgranet@rhc.universalservice.org

From: Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]
Sent: Monday, December 23, 2013 8:22 PM
To: 'jgranet'
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Jason,
According to your comments, $10,470.08 - 250.56 = 10,219.52$ but the monthly support granted is \$3,347.72 so I don't understand.

Maryann Freepartner CHFP
Finance Manager
Providence Seward Medical and Care Center
907-224-2980

From: jgranet [mailto:jgranet@rhc.universalservice.org]
Sent: Thursday, December 19, 2013 11:45 AM
To: Freepartner, Maryann
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

The calculation was the Rural Rate of 10,470.08 (which includes USF tax) less the Urban Rate of 250.56 (which includes USF tax). This is your monthly support. You take that number and multiply it by the number of support months.

Thanks,

Jason Granet
Rural Health Care: PIA
Fax: (973) 599-6514
Phone: (973) 581-5239
E-mail: jgranet@rhc.universalservice.org

From: Freepartner, Maryann [<mailto:Maryann.Freepartner@providence.org>]
Sent: Thursday, December 19, 2013 1:59 PM
To: 'rhcadmin@usac.org'
Subject: RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Can you please send me the calculations for the monthly recurring support?
Thank you.

Maryann Freepartner CHFP
Finance Manager
Providence Seward Medical and Care Center
907-224-2980

From: rhcadmin@usac.org [<mailto:rhcadmin@usac.org>]
Sent: Tuesday, November 26, 2013 10:54 AM
To: Freepartner, Maryann
Subject: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Date: 26-Nov-2013

Funding Year: 2012
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center
HCP Number: 10382
FCC Form 465 Application Number: 43124011
Funding Request Number: 12195601

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

HCP Physical Location: 417 1st Avenue, PO Box 365, Seward, AK, 99664
Service Type: T1 or DS1
Bandwidth: 1.544 Mbps
Service Provider Name: Alascom, Inc.